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REISSUE APPLICATION DECLARATION	BY THE ASSIGNEE	Docket Number (optional) 011361.00064						
I hereby declare that:								
The residence, mailing address and citizenship of the inventors are stated below.								
I am authorized to act on behalf of the following assignee: <u>Dura Automotive Systems, Inc.</u>								
and the title of my position with said assignee is: Vice President and CFO								
The entire title to the patent identified below is vested in said assignee.								
Inventor	Citizenship							
Yousheng Shen USA Residence/Mailing Address								
14687 South Nestled Cover, Draper, Utah 84020								
Inventor Franco Consadori	Citizenship USA							
Residence/Mailing Address 3468 Bridgetown Road, Bristol, Indiana 46507								
Additional Inventors are named on separately numbered sheets attached hereto.								
Patent Number	Date of Patent Issued							
5,573,648	November 12, 1996	November 12, 1996						
Title of Invention Gas Sensor Based on Protonic Conductive Membranes								
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is								
described and claimed in said patent, for which a reiss	sue patent is sought on the	invention entitled:						
Gas Sensor Based On Protonic Conductive Membran	es.							
the specification of which								
☐ is attached hereto.								
☑ was filed on July 17, 2003 as reissue application number 10 / 621,999								
and was amended on								
(If applicable)								
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)								
by reason of a defective specification or drawing.								
☑ by reason of the patentee claiming more or less than he had the right to claim in the patent.								
⊠ by reason of other errors								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/52 (03-02)
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REISSUE APPL	ICATIO	N DECLARATION BY		Docket Number (Optional ) 011361.00064				
At least one error upon which reissue is based is described as follows:								
See Reissue Application Declaration by Marchiando.								
[Attach additional sheets, if needed.]								
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.								
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.  Name(s)  Registration Number								
	er D. McDermott			101111011	29,411			
Greg	Gregory J. Cohan				40,959			
Dean B. Watson .					43,	242		
Correspondence Address: Direct all communications about the application to:    Customer Number   Place Customer   Number Bar Code								
OR		Type Customer Number	er Here	<u>_ / .</u>	ahei	l Here		
Firm or Individual Name								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.								
Full name of person signing (given name, family name) Keith Marchiando, Vice President and Chief Financial Officer								
Signature								
Address of Assignee Dura Automotive Systems, Inc. 2791 Research Drive Rochester Hills, MI 48309-3575								